

Carlisle Borough Request for Reasonable Accommodation Form

**Please complete each section and return to ADA Coordinator listed below.*

Section 1: Person Requesting Accommodation

(Last Name, First Name)

(Mailing Address)

(Phone Number)

(City, State, Zip Code)

(E-mail)

Section 2: Event or Meeting Date *(if any)*:

Event or Meeting Name *(if any)*:

Section 3: Event or Activity *(check all that apply)*:

Borough Meeting (specify location and your role):

Borough service or program (specify department if any):

Other:

Section 4: List all known dates and times the accommodations are needed *(specify)*:

Section 5: What is the nature of your disability?

Section 6: What accommodation would you like and why?

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Section 7: Please provide any information that would help the Borough respond to the request:

Section 8: How do you want to be informed of the status of your request for accommodation?

Telephone Letter E-mail Other (*specify*)

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(Type or print name of person making request)

(Signature or person making request)

(Date)

Human Resource/Risk Manager
Carlisle Borough – ADA Coordinator
53 West South St.
Carlisle, PA 17013
Phone: 717-249-4422
Relay Service TTY/TTD 711 or 800-654-5984
FAX: 717-240-6615
Email: ADACoordinator@carlislepa.org